

***Program Guidelines and
Application Kit
Calendar Year 2005***



U. S. Attorneys Office
District of North Dakota

Fiscal Agent, North Dakota Bureau of Criminal Investigation
North Dakota Attorney Generals Office

**PROJECT SAFE NEIGHBORHOOD PROGRAM
GRANT APPLICATION FOR CALENDAR YEAR 2005**

Project Safe Neighborhoods is a nationwide commitment to reduce gun crime in America by networking existing local programs that target gun crime and provide funds to assist those programs in carrying out innovative and effective projects. Each district is allocated a portion of the funds that Congress appropriates each year. These funds are then re-awarded in each state according to specific needs and strategies.

This application kit contains the forms and information necessary to apply for funds from the Project Safe Neighborhood Program.

ELIGIBLE PURPOSES

These federal funds are to be devoted to projects that meet the purposes outlined in the Project Safe Neighborhood Program.

ELIGIBLE APPLICANTS

Awards may be made to state agencies, local units of government, and non-profit agencies which will expend and receive funds on behalf of this grant. A unit of local government is any city, county, or other political subdivision of a state and includes an Indian tribe that performs law enforcement functions as determined by the Secretary of the Interior.

GRANT PERIOD

Grants will be awarded for a maximum of a one-year period and continued funding cannot be guaranteed. Successful applicants are encouraged to secure local funding so that projects may be continued.

NON-SUPPLANTATION

Federal funds cannot be used to supplant state and local funds. Federal funds can only increase the amount of such funds that would, in the absence of federal aid, be made available for criminal justice activities.

EVALUATION/MONITORING

The Bureau of Justice Assistance requires each project be evaluated to determine if the project is meeting the goals and objectives stated in the application.

PRIMARY FUNDING CRITERIA

The PSN Selection Committee will consider the following factors when awarding federal funds under the Project Safe Neighborhood Program:

- a. Overall quality of the grant application.
- b. Demonstration of need.
- c. Probability of the project to meet the identified goals and objectives.
- d. Impact of the project
- e. Degree and success of coordination with other agencies.

TECHNICAL ASSISTANCE

Please call ASA Keith Reisenauer or E.F. Dump, LECC, at the US Attorney's Office at (701) 297-7400, if you require any assistance regarding the grant application process.

APPLICATION PROCESS/DEADLINE

The completed application must be returned to this office and postmarked no later than **September 20, 2004**. Applications postmarked after this date will be returned and not considered. **Late submissions will not be accepted**. An incomplete application will be returned to the project director.

One original application should be mailed to:

US Attorney's Office
655 1st Ave N – Suite 250
Fargo, ND 58102-4932

The application should be stapled in the upper left corner. **DO NOT** bind applications in notebooks, plastic bindings, or specially printed covers.

GRANT REVIEW/AWARD PROCESS

The PSN Selection Committee will review the applications and make their recommendation in 2004. Each applicant will be invited to present additional material to the Board at that time. Approved projects will commence January 1, 2005.

**INSTRUCTIONS FOR COMPLETION OF
GRANT APPLICATION FACE PAGE**

(1) Subgrantee:

Enter the name of the state agency or local unit of government. Eligible applicants are state agencies and units of local government such as a city or county or other general-purpose political subdivision of a state including Indian Tribes that perform law enforcement functions.

(2) Authorized Official:

Enter the name, title, address, and phone number of the official (city auditor, county auditor, director of the state agency, or the Tribal Chairperson) who will receive the federal funds, and who will have overall responsibility for the operation and financial administration of the project.

(3) Implementing Agency:

Enter the name of the agency that will have direct responsibility for the grant.

(4) Associates:

Enter all of the names of the agencies involved in the project, excluding the implementing agency.

(5) Project Director:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the overall operation of the project. This person will prepare and submit program reports as required by the PSN Task Force.

(6) Fiscal Officer:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the financial administration of the project. This person will prepare and submit financial reports as required by the PSN Task Force.

(7) Project Period:

Enter the period of the project from start to finish. Approved projects will commence January 1, 2005. The project may be shorter, i.e., three months, or may be longer, i.e., up to 12 months.

(8) Subgrantee Level of Government:

Check the level of government of the subgrantee. Check one.

(9) Implementing Agency Level of Government:

Check the agency type that represents the implementing agency.

(10) Type of Implementing Agency:

Check the agency type that represents the implementing agency. Check all that apply.

(11) Budget Summary:

This section includes the basic budget categories to be used for grant applications. A cost of each item should be listed in the proper section.

(12) Other Funding Sources:

Indicate other sources of funding that support similar activities within your organization.



GRANT APPLICATION – PROJECT SAFE NEIGHBORHOODS
U.S. ATTORNEYS OFFICE
(6/04)

(PSN Selection Committee Use Only)

PSN Grant Number

(1) Name of Subgrantee	Phone	Fax
(2) Name of Authorized Official	Title	
Street Address	City	State Zip Code
PO Address	City	State Zip Code
(3) Name of Implementing Agency		
(4) Name of Associates		
(5) Name of Project Director	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State Zip Code
PO Address	City	State Zip Code
(6) Name of Fiscal Officer	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State Zip Code
PO Address	City	State Zip Code
(7) Project Period: Start Date <u>1 / 1 / 2005</u>		Project Period: End Date <u>12 / 31 / 2005</u>
(8) Subgrantees Level of Government (Check one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Town <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Non Government		
(9) Implementing Agency Level of Government (Check one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Town <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Non Government		
(10) Type of Implementing Agency (Check all that apply) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecution <input type="checkbox"/> Corrections <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Treatment <input type="checkbox"/> Courts <input type="checkbox"/> Victim/Witness <input type="checkbox"/> Other (specify) _____		

Budget Summary

(Specific to Funds Being Requested in this Application)

(11) Please enter the amounts from the Budget Detail and Narrative Section.

(PSN Selection Committee Use Only)

Line Item	Current Award Amount	Requested Amount	Approved Amount	Funding Comments
Personnel – Page 4	\$	\$		
Travel – Page 5	\$	\$		
Equipment – Page 6	\$	\$		
Supplies – Page 7	\$	\$		
Consultants/Contracts – Page 8	\$	\$		
Other – Page 9	\$	\$		
Total Budget This Application **(Should equal Total Budget Amount Below)	\$	\$		

Note: *Round all numbers to the nearest dollar.*

(12) What other funding sources support similar activities within your organization?

(13) Have you applied for any other grant funding for this same project/equipment?

Budget Detail and Narrative

All line items included in the Budget Summary request must be justified in full detail. Only include expenses for this application. Be specific in completing this section. See instructions for allowable expenses. Please attach additional pages if necessary to provide justification.

PERSONNEL (Including Benefits)

List all personnel positions to be paid for in part or in full with project funds. Include only one position description per line.

Title	Annual Salary				(PSN Selection Committee Use Only)	
	Salary	Fringe Benefits	Total Salary	Requested Amount	Approved Amount	Funding Comments
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
Total Personnel	\$	\$	\$	\$		

Note: Round all numbers to the nearest dollar.

Personnel Narrative:

Explain in detail what duties, functions or responsibilities each position will perform to achieve the stated goal and objectives of this project. **Please include an itemized list of the costs included in fringe benefits.**

TRAVEL

Training/Conferences

Includes: registration fees, tuition, and related travel expenses for attending meetings and conferences.

Please call the grants management section at (701) 328-5500 for out-of-state per diem rates. Reimbursement for meals and lodging is limited to the following:

Meals In-State

***Note:** You must travel a minimum of four (4) hours, which covers the following time frames:

Breakfast (leave on or before 7 a.m.)	\$ 4.00
Lunch (11:00 a.m. – 1:00 p.m.)	\$ 6.00
Dinner (5:00 p.m. – 7:00 p.m.)	<u>\$10.00</u>
Total Per Day	\$20.00

Lodging \$45.00 (plus applicable tax)

In the event a personal vehicle is used, mileage reimbursement will be made at the rate provided by the state of North Dakota.

(PSN Selection Committee Use Only)

	Registration/ Fees/Tuition	Travel Costs	Approved Amount	Funding Comments
Course: Purpose: Location: Participants:	\$	\$		
Course: Purpose: Location: Participants:	\$	\$		
Total training and training-related travel costs:	\$	\$		

Other Project-related Travel

Includes: transportation, lodging, and meals of project personnel for project-related travel. Refer to the rates listed above when determining your travel budget. Please call the grants management section at (701) 328-5500 for out-of-state per diem rates.

(PSN Selection Committee Use Only)

Requested Amount	Approved Amount	Funding Comments
\$		

In the space below, briefly discuss purpose for these travel funds and how they will be used (i.e. mileage for transporting victims, conducting investigations, etc.):

EQUIPMENT

When only one bid is received or only one vendor is contacted, the purchase is deemed to be a sole source purchase. Sole source purchases with an individual cost of \$750 or more require prior approval by the BCI.

All requirements for equipment and supplies considered sole-source by the agency must be approved by the BCI prior to issuance of a purchase order.

All purchases of sole-source equipment must be fully documented and retained on file by the agency with the purchase order and payment documents. Documentation must include justification for the sole-source determination and written vendor's price quotation.

Equipment is defined as an individual item costing \$750 or greater and having a useful life of one or more years. Do not record supplies and operating under equipment.

Leased Equipment should be entered in the "contractual" category.

(PSN Selection Committee Use Only)

Description	Requested Amount	Approved Amount	Funding Comments
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Equipment	\$		

Note: Round all numbers to the nearest dollar.

Describe how this equipment is necessary for the success of the project.

Which agency will maintain ownership of the equipment at the end of the grant period?

SUPPLIES

List supplies by type (office supplies, postage, training materials, etc.) Supplies include materials that are expendable or consumed during the course of the project.

(PSN Selection Committee Use Only)

Description	Requested Amount	Approved Amount	Funding Comments
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Operating Expenses	\$		

Note: Round all numbers to the nearest dollar.

Please provide a description for each supply expense listed above and describe how it is necessary to the success of this project.

CONSULTANTS/CONTRACTS WITH THIRD PARTIES

Individual consultants, contracting or service organizations. Specify purpose of contract. **The maximum rate for consultants is \$450.00 for an 8-hour day.** Contractual services include payments for services to people not on the payroll of a participating agency. **Round all numbers to the nearest dollar.**

Description	Requested Amount	Approved Amount	Funding Comments
	\$		
	\$		
	\$		
	\$		
	\$		
Total Consultant/Contractual Expenses	\$		

Explain in detail the name of the consultant or contract; duties, functions or responsibilities; and how costs are calculated.

OTHER COSTS (i.e. rent, telephone, etc.)

Description	Requested Amount	Approved Amount	Funding Comments
	\$		
	\$		
	\$		
	\$		
	\$		
<i>Total Other Expenses</i>	\$		

Provide the basis of computation for each item above and describe how it is necessary to the success of this project.

NON-GOVERNMENT AGENCY BUDGET SUMMARY

Please list your **ENTIRE AGENCY'S** budget for the current operating cycle, including all funding sources. The total amount of the budget line items must equal the total amount of funding sources.

Line Item	Current Operating Budget Amounts
Personnel	\$
Operating Expenses	\$
Equipment	\$
Total Budget	\$

Note: Round all numbers to the nearest dollar.

Funding Sources	Amount	Percentage of Total Agency Budget
Project Safe Neighborhood	\$	
Other (specify):	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL FUNDING	\$	100 percent

Note: Round all numbers to the nearest dollar.

PROJECT EQUIPMENT INVENTORY

Continuation grants must report equipment purchased to date (value \$750 and over) with PSN funds for this project.

Description	Brand Name	Serial Number	Cost	Location of Equipment
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

PROJECT NARRATIVE

To complete the project narrative the applicant may use this form, or simply type the narrative in the following format. The project narrative must not exceed 10 double-spaced pages in 12-point type and must include information requested in I through IV below.

- I. **Project Description:** Describe in detail the project that is proposed. How will this project address specific problems. Include specifics about the services to be provided, how the services will be provided (how often and by whom), and the project accomplishments.
 - A. Provide a narrative description of the project. **Please be specific.**
 - B. Describe the problems that this project will address.
 - C. Describe the key elements and agencies that will make up the project.
 - D. Describe project administration, key personnel, and responsibilities.
 - E. If this plan is a **new** project, please describe the implementation plan.

II. **Current Efforts:** Clearly define what efforts are currently underway in responding to the problem described in the Project Description.

III. **Collaboration with Other Agencies:**

New Projects: Will your project cooperate and coordinate with other agencies? If so, please describe.

Continuation Projects: Did your project cooperate and coordinate with other agencies during the past year. If so, please describe.

IV. **Describe in detail what plans or steps are being taken to assure continuation of your agency's project after federal funding ends.**

Project Goals, Objectives, and Performance Measures

Stated goals, objectives, and performance measures will be used by the PSN Task Force to monitor and assess the project's progress in achieving the intended results.

Overall Project Goals: State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Reduce the amount of gun-related crime)

- 1.
- 2.
- 3.
- 4.

Objectives (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in **measurable** terms. (Example: Increase number of gun-related arrests; Initiate special gun-related enforcement teams; Increase public awareness regarding gun-related crime; Distribute gun safety kits to community residents)

- 1.
- 2.
- 3.
- 4.

Performance Measures (How you measure your project's success): (Example: Number of gun-related arrests; Number of community presentations provided; Number of days special enforcement teams were deployed; Number of gun safety kits distributed to residents)

- 1.
- 2.
- 3.
- 4.

Additional Required Information

(Please Attach)

The PSN Task Force has adopted a policy stating that applicants failing to submit the following documents with the application will not be considered for funding.

Non-government Agency Applicants

- ☐ A letter of support from the sheriff's department, police department, or other criminal justice agency.

Continuation projects

- ☐ First and Second Quarterly Progress Report for the current grant.

AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements of the Project Safe Neighborhood Program, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these federal funds.

Signature of Authorized Official

Date

Signature of Project Director

Date

Signature of Fiscal Officer

Date